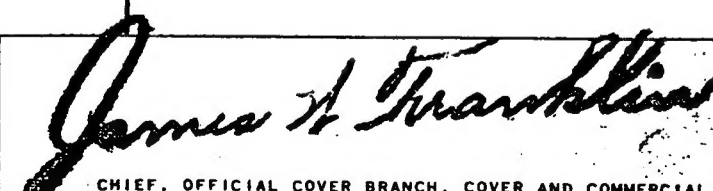


SECRET

43812

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 18 February 74	FILE NO. RC-12034
TO: (Check)	<input type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER 181-01-6133	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 059090	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) OER	ID CARD NUMBER	
ATTN: Chief/OER Support Staff		OFFICIAL COVER <input checked="" type="checkbox"/>	ESTABLISHED
REF: Verbal Request			DISCONTINUED
SUBJECT CHRIST, David L.		UNIT Department of Army (JOG) 32	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: From EOD	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)		<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 20-11)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR _____ GENA HOSPITALIZATION CARD.	
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK	
<input type="checkbox"/> EAA. CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>			
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY All be acknowledged in the entire period of employ- ment and is not to reveal specific locations of cover assign- ment. Subject retired Nov 1970			
DISTRIBUTION: COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SR&CD COPY 4 - OC-DO/TFB COPY 5 - CCS-FILE		 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF	